State Elected Officials Financial Disclosure W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at: http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by electronically by facsimile transmission at (307) 777.7640, or by e-mail to: **elections@wyo.gov**.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

FILING DEADLINE:

January 31st of each year

FILING OFFICE:

Secretary of State's Office - Election Division

2020 Carey Ave., Ste 600 Cheyenne, WY 82002

E-mail: elections@wyo.gov

Fax: (307) 777.7640

RECEIVED

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WYOMING SECRETARY OF STATE

State Elected Official Financial Disclosure Form

Name of Official: Office Held:	Loure of Reps			
Senate District (if applicable):				
I	House District (if applicable): 34			
Business Address:	80 B0> 1520			
Business City, State and Zip: Dubois, Wy 82513				
Business Phone:	(301) 220 1213			
Home Address:	70 BOX 1520, 125 Sata Springs Dr.			
Home City, State and Z				
Home Phone:	307 220 1213			

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

a)	List the <i>offices</i> held in business enterprises. This office Held	includes partnerships. Name and Address of Enterprise
٢	OWNER Star Culdrens	POBOX 1520 Dubois, U7 82513
b)	List any directorship positions held in business of Name of Enterprise	enterprises. Address of Enterprise
c)	Salaried Employment Job Title Owner Morning Har Children's Center	Name and Address of Enterprise Po Box 1570 Dubowy wy 825/3

II. Sources of Income

(Please use additional sheets as necessary.)

a)	Employment	
	Name of Employer	Address of Employer
•	chidnen's center	POROX 1520
		Dubois, wy 82513
b)	business interest (W.S. 9-13-108 (c) sta	addresses of all business entities in which you have a ates: "Name and address of all business entities but nt (10%) of the entity is owned, or sole proprietorship
	Name of Business Entity	Address of Business Entity
Mo	conter childrens	POBOX 1520
	Conster	POBOX 1520 Dubois, W792513
c)	Investments	Income Earned
	A. Any security or interest earnings	Yes No
	B. Real estate, leases, royalties	Yes No
d)	Other (describe generally):	
	as day of JAN day of JAN	, 2019, I affirm that the preceding
	-	Ton Jo
		Signature